U. S. COST REIMBURSABLE (Department, bureau, or establishment)						PAID BY		
Voucher prep	ared at	• • • • • • • • • • • • • • • • • • • •	•					
Voucher prepared at					1 5	APC (1: C	
					COPY OF S			
To		(Payec)				7	Comment of America	
			~~~		<u>.</u>			
	(Address) (City) (State)  ARTICLES OR SERVICES				UNIT PE	PRICE	RICE AMOU	
No. and Date of Order	Date of Delivery or Service	(Enter description, item nu schedule, and other in Discount Terms	umber of contract or Federal s nformation deemed necessary)	QUANTITY	Cost	Per	Dollars	
		COSTS					6,34	
PAYMENT:		,						
Complete  Partial								
Final		Use continuati	ion sheet(s) if necessary		:			
Shipped from		to Weight		<u> </u>		Total	6,34	
I certify that the	above bill is correc	ct and just and that payment has	s not been received.	(Payee must NC				
INITI		(Sign original only)	•	Differences				
INTL		· · · · · · · · · · · · · · · · · · ·	•					
Date 4-19-1	<u> </u>			A				
Per			}	Amount verified; (Signature or init				
Contract No.	ALOI	Date	Reg. No.	Date		Invoice Rec	'd.	
Pursuant to author	rity vested in me,	I certify that this account is corr	ect and proper for payment.				STATI	
† Approv		7 ,	†	(Authori	zeli Certify	ing Officer)		
Ву	(	J						
· —	tracting O	fficer 6	ONLY Title					
Title			ATINTL Date					
	THE REVERSE OF T	HIS FORM MUST BE EXECUTED WHEN PU	IRCHASES ARE MADE OR SERVICES SEC	OKED MITHOOL AKILIEN	AGREEMENT	IN ANT FURM		
	ACCOU	NTING CLASSIFICATION (App	propriation Symbol must be sh	nown; other classifica	tion optio	nal)		
		•						
	•	,						
			<b>_</b> . ·					
			STA	ΔΤΙΝΙΤΙ				
			STA	ATINTL				
Appı	roving Off	icer	STA	ATINTL				
<del>/</del>	roving Off:	<u> </u>	STA		on Ti	reasurer of	the United Stamed above.	

